Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

City of El Cajon

Division, Department, or Region *(if applicable)*

Designated Agency Contact *(Name, Title)*

Ryan Villegas, Ticket Administrator Designee, Management Analyst

Area Code/Phone Number	E-mail
619-441-6211	rvillegas@elcajon.gov

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 55.00

Event Description: Citizen Cope *Provide Title/ Explanation*

Date(s) 5 / 3 / 22 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Live Nation - The Magnolia *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

If yes: Graham Mitchell - City Manager *Official's Name (Last, First)*

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
Jaime Campos + Guest	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* 4(o) - Employment retention programs, such as drawings or raffles, which aim to support overall employee morale.
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Ryan Villegas Print Name	TAD, Management Analyst Title	5/4/22 *(month, day, year)*

Comment: _____